# CHECKLIST FOR FILING AN APPLICATION FOR A GROUND AND/OR SURFACE WATER WITHDRAWAL PROJECT IN THE DELAWARE RIVER BASIN

# PLEASE COMPLETE CHECKLIST AND ENCLOSE WITH THE APPLICATION.

If you need assistance, call the Project Review Branch - (609) 883-9500, extension 216 or refer to the DRBC website at http://www.nj.gov/drbc/

| Applicant Name (Legal Na              | ame): PennEast Pipeline Company, LLC   |                       |               |
|---------------------------------------|--|-----------------------|---------------|
| Existing Docket Number (              | if applicable):  |                       |               |
| Company, LLC (PennEast                | Purpose for Applying to the Commission: Within the Delaware is proposing to install 98.9 miles of new 36-inch natural gas transfer transmission pipeline as part of its proposed PennEast Pipeline Proposed PennEa | smission pipeline and | d 2.1 mile    |
|                                       | oposed project includes surface water withdrawals and discharges   |                       |               |
|                                       | rectional drilling, and dust control. Please see Project Narrative for a   |                       |               |
| Type of Application:                  | Ground Water Withdrawal  |                       |               |
|                                       | Surface Water Withdrawal   |                       |               |
|                                       | Renewal of Existing Withdrawal: With Increased Allocation  |                       |               |
|                                       | Without Increased Allocation   |                       |               |
|                                       | No Change in Service Area  |                       |               |
|                                       | Change in Service Area   |                       |               |
| <u>ITEM</u>                           |  | <b>ENCLOSED</b>       | <u>N/A</u>    |
| Withdrawal Application                |  |                       |               |
| Applicant's Statement – Pr            | roject Review Fee form   |                       |               |
| exempt from such project              | cies, authorities or commissions of the signatories to the Compact at review fee. Political subdivisions of the signatory states, however  | ,                     |               |
| •                                     | Form   | <u> </u>              |               |
|                                       | sis (Question 8d)  |                       |               |
| · · · · · · · · · · · · · · · · · · · | 2)   | <del></del>           | · <del></del> |
| • • •                                 | on 13)   | <del></del>           |               |
| 1 , -                                 | n 14a)   |                       |               |
| • -                                   | Floor Flood-Proofed to 100-Year Flood Elevation (Question 14b)   | <del></del>           |               |
| Chemical and Bacterial Ar             | nalysis (Question 17)  |                       |               |
| Wetland Certification (Que            | estion 18)   |                       |               |
| Engineering Study for Ren             | nediation Projects (Question 19)   |                       |               |
|                                       | ate Agency or Copy of State Approval (Question 20)   |                       |               |
| Water Conservation Plan:              |  |                       |               |
| Golf Course (Question                 | n 15)  |                       |               |
| Public Water Purveyo                  | r (Question 22)  |                       | ⊠             |
| Drought Emergency Plan (              | (Question 23)  |                       |               |
|                                       | (i)  |                       |               |
| Hydrologic Report (Questi             | ion 26)  |                       |               |



# APPLICATION FOR A GROUND OR SURFACE WATER WITHDRAWAL PROJECT IN THE DELAWARE RIVER BASIN

### **SECTION A: APPLICANT INFORMATION**

Pursuant to the Delaware River Basin Compact and the Rules of Practice and Procedure of the DRBC, application is hereby made for review of the project described below:

| 1. | General Informa    | ttion: (please print or type)   |                       |  |
|----|--------------------|---|-----------------------|--|
|    | Applicant Name (   | Legal Name: PennEast Pipeline Com   | pany, LLC             |  |
|    | Parent Corporatio  | n Name, if different: <u>UGI Energy Ser</u>   | vices, LLC            |  |
|    | Contact Name and   | d Title: Anthony C. Cox   |                       |  |
|    | Mailing Address:   | UGI Energy Services, LLD  |                       |  |
|    |                    | One Meridian Blvd, Suite 2C01   |                       |  |
|    |                    | City: Wyomissing  | State: PA             | Zip: 19610                               |
|    | Telephone:         | 610-568-1374  | Fax:                  |  |
|    | Email Address:     | acox@ugies.com  |                       |  |
|    | Representing Atto  | orney Name, if applicable: Bryn L. Mi   | ichaels               |  |
|    | Mailing Address:   | UGI Corporation   |                       |  |
|    |                    | 460 North Gulph Road  |                       |  |
|    |                    | City: King of Prussia   | State: PA             | Zip: <u>19406</u>                        |
|    | Telephone:         | 610-992-3750  | Fax: <u>610-992-3</u> | 258                                      |
|    | Email Address:     | michaelsb@ugicorp.com   |                       |  |
| 2. | Affidavit:         |   |                       |  |
|    | depose and say the | wealth of A, County of Berks. I hat I have the authority to make this ted as part of the application are true | application and that  | t the plans, reports and                 |
|    | Sworn and subscri  | ibed to before me this $\frac{29^{4h}}{}$ day of _  | January .             | 2016.                                    |
|    | Mar                | tary Public <sup>1</sup>  | COLC                  | Affernak Manager of Responsible Official |
|    | NO                 | tal y 1 done  | Signature and Tille   | or responsible official                  |

<sup>&</sup>lt;sup>1</sup>Applications for withdrawal for agricultural irrigation are not required to be notarized.

| 3.   | Consultant Infor   | mation:             |                             |                                 |
|------|--------------------|---------------------|-----------------------------|---------------------------------|
|      | Name of Engineer   | r/Geologist: Wade ( | Cope                        |                                 |
|      | Name of Firm:      | AECOM               |                             |                                 |
|      | Mailing Address:   | 4507 North Front S  | Street                      |                                 |
|      |                    | Suite 200           |                             |                                 |
|      |                    | Harrisburg, PA 171  | 110                         |                                 |
|      | Phone:             | 717-635-7901        |                             |                                 |
|      | Email Address:     | wade.cope@aecom     | ı.com                       |                                 |
| WADI | Signature of Const | Engineer/           | Geologist/Hydrogeologist So |                                 |
| 4.   | Purpose of Withd   | lrawals: (check all | that apply)                 |                                 |
|      | ☐ Bottled water of | operations [        | ☐ Irrigation:               | Snowmaking                      |
|      | Fire suppression   | n                   | Agricultural                | Other – <u>Hydrostatic Test</u> |
|      | Fish hatchery      |                     | Golf Course                 | Other - HDD                     |
|      | Ground water r     | emediation          | Nursery                     | Other – Dust Control            |
|      | ☐ Industrial cooli | ng                  | Other                       |                                 |
|      | Industrial proce   | ess [               | Public water supply         |                                 |

### **SECTION C: WATER DEMANDS**

5. Present water use for all existing wells and surface water sources serving the system (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

| Water Use                               | Population Service  |                          | Self-Supplied Ground (mgd) |         | Self-Supplied Surface (mgd) |         | Interconnec      | tions (mgd) | Total   | (mgd)   | Estimated                           |
|---|---------------------|--------------------------|----------------------------|---------|-----------------------------|---------|------------------|-------------|---------|---------|-------------------------------------|
| Water Osc                               | Served <sup>1</sup> | Connections <sup>1</sup> | Average                    | Maximum | Average                     | Maximum | Bulk<br>Purchase | Bulk Sale   | Average | Maximum | Consumptive<br>Use (%) <sup>2</sup> |
| Domestic Supply                         | 0                   | 0                        | 0.000                      | 0.000   | 0.000                       | 0.000   | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Commercial                              | 0                   | 0                        | 0.000                      | 0.000   | 0.000                       | 0.000   | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Industrial Process                      | 0                   | 0                        | 0.000                      | 0.000   | 0.000                       | 0.000   | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Industrial Cooling                      | 0                   | 0                        | 0.000                      | 0.000   | 0.000                       | 0.000   | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Irrigation                              | 0                   | 0                        | 0.000                      | 0.000   | 0.000                       | 0.000   | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Other <u>Hydrostatic Test</u> (Specify) | 0                   | 0                        | 0.000                      | 0.000   | 0.000                       | 0.000   | 0.000            | 0.000       | 0.000   | 0.000   | See<br>Narrative                    |
| Total Water Use                         | 0                   | 0                        | 0.000                      | 0.000   | 0.000                       | 0.000   | 0.000            | 0.000       | 0.000   | 0.000   | 0.00%                               |

6. Projected water use (10 years from application date) for all existing and new wells and surface water sources serving the system (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

| Water              | Population | Service                  | Self-Supplied | Ground (mgd) | Self-Supplied | Surface (mgd) | Interconnec      | tions (mgd) | Total   | (mgd)   | Estimated                           |
|--------------------|------------|--------------------------|---------------|--------------|---------------|---------------|------------------|-------------|---------|---------|-------------------------------------|
| Water Use Serve    |            | Connections <sup>1</sup> | Average       | Maximum      | Average       | Maximum       | Bulk<br>Purchase | Bulk Sale   | Average | Maximum | Consumptive<br>Use (%) <sup>2</sup> |
| Domestic Supply    | 0          | 0                        | 0.000         | 0.000        | 0.000         | 0.000         | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Commercial         | 0          | 0                        | 0.000         | 0.000        | 0.000         | 0.000         | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Industrial Process | 0          | 0                        | 0.000         | 0.000        | 0.000         | 0.000         | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Industrial Cooling | U          | U                        | 0.000         | 0.000        | 0.000         | 0.000         | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Irrigation         | 0          | 0                        | 0.000         | 0.000        | 0.000         | 0.000         | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Other(Specify)     | 0          | 0                        | 0.000         | 0.000        | 0.000         | 0.000         | 0.000            | 0.000       | 0.000   | 0.000   |                                     |
| Total Water Use    | 0          | 0                        | 0.000         | 0.000        | 0.000         | 0.000         | 0.000            | 0.000       | 0.000   | 0.000   | 0.00%                               |

<sup>&</sup>lt;sup>1</sup> Water purveyors only.

<sup>&</sup>lt;sup>2</sup>Consumptive use is water withdrawn that is not returned to the surface or ground waters.

7. Requested allocation from existing and new well(s) and/or intake(s) (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

|                    | Well or Intake<br>Designation | Requested<br>Allocation<br>(mg/30 days) |                                 | Well or Intake<br>Designation | Requested<br>Allocation<br>(mg/30 days) |
|--------------------|-------------------------------|---|---------------------------------|-------------------------------|---|
| Existing New       | See Narrative                 | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| ☐ Existing ☐ New   |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
| Existing New       |                               | 0.000                                   | Existing New                    |                               | 0.000                                   |
|                    | Column Total                  | 0.000                                   |                                 | Column Total                  | 0.000                                   |
|                    |                               |   | To                              | otal – All Sources            | 0.000                                   |
| If requested total | allocation is less tha        | an "Total – All Sou                     | rces" above, indicate total rec | quested allocation            | 0.000                                   |

If any of the above wells are replacements, provide well designation and reason for replacement: N/A.

### **SECTION D: SOURCES**

### 8a. Ground water withdrawal:

## **Existing wells:**

| Well<br>Designation | Latitude/<br>Longitude<br>(DMS) | Municipality and<br>County | Geologic<br>Formation | Date<br>Drilled | Well Depth<br>(feet) and<br>Diameter<br>(inches) | Casing – Minimum Diameter (inches) and Maximum Length (feet) | Pump Type and Capacity |
|---------------------|---------------------------------|----------------------------|-----------------------|-----------------|--|--|------------------------|
| N/A                 | 0 ' ''                          |                            |                       |                 | ,  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | "  |                        |
|                     | 0 , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | 27   |                        |
|                     | 0 , ,,                          |                            |                       |                 | 27   | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | "  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,,   | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | 22   |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,,   | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | 22   |                        |
|                     | o , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | 22   |                        |
|                     | 0 , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | 27   |                        |
|                     | o , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | o , ,,                          |                            |                       |                 | ,  | "  |                        |
|                     | 0 , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | "  |                        |
|                     | 0 , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | "  |                        |
|                     | 0 , ,,                          |                            |                       |                 | "  | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | 22   |                        |
|                     | 0 , ,,                          |                            |                       |                 | 22   | ,  |                        |
|                     | 0 , ,,                          |                            |                       |                 | ,  | "  |                        |
|                     | o , ,,                          |                            |                       |                 | 22   | ,  |                        |
|                     |                                 |                            | <u> </u>              | <u> </u>        |  | 1  |                        |

### New wells:

| Well<br>Designation | Latitude/<br>Longitude<br>(DMS)       | Municipality<br>and County | Geologic<br>Formation | Date<br>Drilled | Well<br>Depth<br>(feet) and<br>Diameter<br>(inches) | Casing – Minimum Diameter (inches) and Maximu m Length (feet) | Well<br>Screened<br>Interval<br>(ft. to ft.) | Well<br>Yield<br>(gpm) | Specify<br>Capacity<br>(gpm/<br>feet) | Pump Type<br>and<br>Capacity | Intake<br>Setting<br>(feet) | Air Line<br>Depth<br>(feet) | Type of metering | Elevation<br>(ft.) <sup>1</sup> |
|---------------------|---------------------------------------|----------------------------|-----------------------|-----------------|---|---|--|------------------------|---------------------------------------|------------------------------|-----------------------------|-----------------------------|------------------|---------------------------------|
| N/A                 | o , ,,                                |                            |                       |                 | , ,,  | ,   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | 0 , ,,                                |                            |                       |                 | , ,,  | ,   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | o ' ''                                |                            |                       |                 | , ,,  | ,,  | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | o , ,,                                |                            |                       |                 | , ,,  | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | 0 , ,,                                |                            |                       |                 | , ,,  | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | 0 , ,,                                |                            |                       |                 | , ,,  | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | 0 , ,,                                |                            |                       |                 | , ,,  | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | 0 , ,,                                |                            |                       |                 | , ,,  | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | 0 , ,,                                |                            |                       |                 | , ,,  | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | 0 , ,,                                |                            |                       |                 | , ,,  | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | <ul><li>, , ,,</li><li>, ,,</li></ul> |                            |                       |                 | , ,,  | ,   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     |                                       |                            |                       |                 | "   | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     |                                       |                            |                       |                 | "   | "   | to ,   |                        |                                       |                              | ,                           | ,                           |                  | ,                               |
|                     | <pre>0</pre>                          |                            |                       |                 | "   | "   | to ,   |                        |                                       |                              | ,                           | 2                           |                  | 2                               |

<sup>&</sup>lt;sup>1</sup> Elevation of reference point, such as the top of well-casing, in ft. Include reference datum.

#### **8b.** Surface water withdrawal – rivers, streams, creeks, springs, and brooks:

### **Existing and New Intakes:**

|              | Intake<br>Designation | Latitude/<br>Longitude<br>(DMS) | Municipality and County | Name of<br>Surface Water<br>Body | Q <sub>7-10</sub> <sup>1</sup> | Nearest USGS<br>Gauging<br>Station | Drainage Area (square miles) | Date Intake<br>Constructed | Pump Capacity <sup>2</sup> (mgd) |
|--------------|-----------------------|---------------------------------|-------------------------|----------------------------------|--------------------------------|------------------------------------|------------------------------|----------------------------|----------------------------------|
| Existing New | See Narrative         | 0 ' ''                          |                         |                                  |                                |                                    |                              |                            |                                  |
| ☐ Existing   |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| ☐ New        |                       | o , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| ☐ Existing   |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | o ', ',                         |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | o , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | o , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       |                                 |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       |                                 |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| New          |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| Existing     |                       | 0 , ,,                          |                         |                                  |                                |                                    |                              |                            |                                  |
| ☐ New        |                       | Ŭ · "                           |                         |                                  |                                |                                    |                              |                            |                                  |

 $<sup>^{1}</sup>$  Q<sub>7-10</sub>: A statistical estimate of the lowest average flow during a consecutive 7-day period with an average recurrence interval of 10 years.  $^{2}$  If gravity-fed, give maximum hydraulic capacity and label as such.

## 8c. Ponds, lakes, intake dams, reservoirs, and storage dams:

|              | Intake<br>Designation | Latitude/<br>Longitude<br>(DMS) | Municipality and County | Name of<br>Surface Water<br>Body | Date Intake<br>Constructed | Pump Capacity <sup>1</sup> (mgd) | Drainage Area (square miles) | Surface Area (acres) | Storage<br>Capacity (mg) |
|--------------|-----------------------|---------------------------------|-------------------------|----------------------------------|----------------------------|----------------------------------|------------------------------|----------------------|--------------------------|
| Existing New | See Narrative         | o ' ''                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| ☐ New        |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | o , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       |                                 |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       |                                 |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing New |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
|              |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing New |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | o , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| ☐ Existing   |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| ☐ New        |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| Existing     |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |
| New          |                       | 0 , ,,                          |                         |                                  |                            |                                  |                              |                      |                          |

<sup>&</sup>lt;sup>1</sup> If gravity-fed, give maximum hydraulic capacity and label as such.

8d. Import/Export (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

| Well or<br>Intake<br>Designation | Basin (Atlantic, Delaware River, Susquehanna River etc.) | Amount Being Imported into the Delaware River Basin (mgd) <sup>1</sup> | Amount Being Exported from the Delaware River Basin (mgd) 1 | Purpose of Withdrawal |
|----------------------------------|--|--|---|-----------------------|
| N/A                              |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
|                                  |  | 0.000  | 0.000   |                       |
| То                               | tals   | 0.000  | 0.000   |                       |

<sup>&</sup>lt;sup>1</sup>Use zeros if not applicable.

The diversion or transfer of water from (exportation) or to (importation) the Delaware River Basin whenever the design capacity of such transfer is an average daily rate of 100,000 gallons is subject to the review and approval of the Commission. All projects involving such transfers must be submitted to the Commission for review and determination under Section 3.8 of the Compact, and inclusion within the Comprehensive Plan. The applicant shall address the items listed below as directed by the Executive Director and submit with this application, and the Commission will consider the following items in addition to issues that may relate specifically to that project: N/A

- A. Efforts to first develop or use and conserve the resources outside of the Delaware River Basin.
- B. Water resource impacts of each alternative available including the "no project" alternative.
- C. Economic and social impacts of the importation or exportation and each of the available alternatives including the "no project" alternative.
- D. Amount, timing and duration of the proposed transfer and its relationship to passing flow requirements and other hydrologic conditions in the Basin, and impact on instream uses and downstream waste assimilation capacity.
- E. Benefits that may accrue to the Delaware River Basin as a result of the proposed transfer.
- F. Volume of the transfer and its relationship to other specified actions or Resolutions by the Commission.
- G. Volume of the transfer and the relationship of that quantity to all other diversions.
- H. Any other significant benefit or impairment which might be incurred to the Delaware River Basin as a result of the proposed transfer.

# 8e. Existing and/or New Interconnections and Their Capacities (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

|                                  | Indicate if source  |  | Bulk P                                      | urchase                                      | Bulk  | Sale   |
|----------------------------------|---|--|---|--|---|--|
| Name of Interconnecting Purveyor | is used on<br>Regular, Auxiliary<br>or Emergency<br>Basis | Interconnection<br>Capacity (mgd) <sup>1</sup> | Annual<br>Average Use<br>(mgd) <sup>1</sup> | Maximum<br>Monthly Use<br>(mgd) <sup>1</sup> | Annual<br>Average Use<br>(mgd) <sup>1</sup> | Maximum<br>Monthly Use<br>(mgd) <sup>1</sup> |
| N/A                              |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   | 0.000  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |
|                                  |   |  | 0.000                                       | 0.000  | 0.000                                       | 0.000  |

<sup>&</sup>lt;sup>1</sup>Use zeros if not applicable.

**If no interconnections exist**, discuss the feasibility of interconnecting project system with other distribution systems or any other water source (such as in the case of irrigation of golf courses, the use of STP effluent). N/A - no interconnections are used; however a large portion of the total water requirements for the project are being served by a series of public water supplier hydrants in various communities along the pipeline route.

# <u>SECTION E: TREATMENT</u> Withdrawal applications for irrigation are <u>not</u> required to complete questions 9 and 10 of Section E.

| 9.  | Waste water disposal information:   |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|
|     | . Describe the method of treatment and disposal of wastewater from the project service area:  |  |  |  |  |  |  |
|     | ☐Conveyed to a treatment plant ☐On-lot septic system ☐Other: direct discharge   |  |  |  |  |  |  |
|     | If wastewater is discharged to a treatment plant, please provide:   |  |  |  |  |  |  |
|     | Treatment Plant 1:  |  |  |  |  |  |  |
|     | Name or Owner:  |  |  |  |  |  |  |
|     | NPDES Permit No.:   |  |  |  |  |  |  |
|     | Location:   |  |  |  |  |  |  |
|     | City: State: Zip:   |  |  |  |  |  |  |
|     | Design Capacity: mgd, Current Operating Load: mgd.  |  |  |  |  |  |  |
|     | Present treatment plant efficiency:%  |  |  |  |  |  |  |
|     | Treatment Plant 2:  |  |  |  |  |  |  |
|     | Name or Owner:  |  |  |  |  |  |  |
|     | NPDES Permit No.:   |  |  |  |  |  |  |
|     | Location:   |  |  |  |  |  |  |
|     | City: State: Zip:   |  |  |  |  |  |  |
|     | Design Capacity: mgd, Current Operating Load: mgd.  |  |  |  |  |  |  |
|     | Present treatment plant efficiency:%  |  |  |  |  |  |  |
| 10. | Water Treatment Plant Information: If raw water is conveyed to a water treatment plant prior to entering the distribution system, please provide the following information: |  |  |  |  |  |  |
|     | Name or Owner of Treatment Plant: N/A   |  |  |  |  |  |  |
|     | NPDES Permit No. for Discharge of Backwash:   |  |  |  |  |  |  |
|     | Location:   |  |  |  |  |  |  |
|     | City: State: Zip:   |  |  |  |  |  |  |
|     | Design Capacity: mgd  |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |
| 11. | <b>Method of Treatment (all applicants):</b> Will the water withdrawn receive any treatment prior to use? Yes No. If yes, describe:   |  |  |  |  |  |  |

### SECTION F: ADDITIONAL INFORMATION

- 12. Attach map (preferably USGS Quadrangle) indicating location of new withdrawals and all existing project water sources, including existing wells, surface water intakes and interconnections. See Section 2, Appendix B
- 13. Water purveyors only: Enclose a map showing the areas served by the applicant and any new increase in service area as a result of the project. N/A
- 14. Neither the pump house, water treatment facilities, well, nor ancillary equipment may be located within the 100-year floodway.
  - a. Submit a site map showing the locations of the 100-year flood plain and floodway boundaries (as indicated by the Flood Insurance Study for the project municipality) in relation to the well(s), pump houses and water treatment facilities. If a Flood Insurance Study has not been completed for the project municipality, supply a copy of the Official Flood Hazard Boundary Map of the site and indicate the locations of the new well(s) and pump house. See Section 2, Appendix B
  - b. If the pump house is located in the flood fringe area, submit a drawing indicating that the pump house floor and all critical equipment are located at least one foot above the 100-year flood elevation, or flood-proofed to that elevation. N/A
- 15. If application regards irrigation of a golf course, the applicant should refer to the attached Water Conservation Guidelines for Golf Courses, and the applicant should submit an operating plan that addresses the components outlined therein. Additionally, the following information should be provided:

Total **property** acreage: N/A acres. Number of Holes: N/A

Acreage to be irrigated (Use zeros if not applicable. Please tab to or select another field before moving out of table to ensure proper calculation):

| Fairways           | 0.00 | acres |
|--------------------|------|-------|
| Tees               | 0.00 | acres |
| Greens             | 0.00 | acres |
| Other <sup>1</sup> | 0.00 | acres |
| Total              | 0.00 | acres |

Describe method<sup>2</sup> for estimating irrigated acreage: N/A

<sup>&</sup>lt;sup>1</sup>Other includes any other irrigated area, for example rough surrounding fairways and greens.

<sup>&</sup>lt;sup>2</sup> The acreage to be irrigated must be an accurately represented area, and should reflect only those areas that are contained within the irrigation system.

16. If the use is agricultural, provide a description of the type of crop and the Agricultural Extension Service water requirement recommendations:

Type of crop(s): N/A inches/year.

- **17.** Water purveyors only: Include chemical and bacterial analysis of the water from the new well(s). N/A
- 18. Identify all wetlands in the vicinity of the project on a map. No wells or related structures are to be located within a wetland. (Wetlands are defined in the Water Code, Section 2.350.1.) Each application shall include a signed statement that the project is <u>or</u> is not located within a wetland. See Section 3.
- 19. If the withdrawal is part of a ground water remediation project, submit copies of any engineering studies on the nature and extent of the contamination and the new remediation program. N/A

### **20.** Prior or pending state or federal permits:

| Type of State Permit(s) Required for Project   | Status <sup>1</sup> | Agency | Permit<br>Issue<br>Date | Permit<br>Number     |
|--|---------------------|--------|-------------------------|----------------------|
| Certificate of Public Conveyance and Necessity   | R                   | FERC   |                         | Docket No:<br>PF15-1 |
| See Section 2 (Project Narrative) Table 2.2-1 for complete listing of permit activites |                     |        |                         |                      |
|  |                     |        |                         |                      |
|  |                     |        |                         |                      |
|  |                     |        |                         |                      |

<sup>&</sup>lt;sup>1</sup> If not applicable, list (NA); if approved, (A); if pending, (P); if required but not applied for, (R).

Attach a copy of the application submitted to the appropriate state agency (if applicable), or if wells/intakes have already been approved by the state, copy of permit for new wells/intakes from the appropriate state agency.

- 21. Indicate the System Storage: N/A mg, N/A days supply.
- 22. Water Purveyors Only:
  - a. All purveyors seeking DRBC approval for a new or expanded water withdrawal must include a water conservation plan, addressing the following components: N/A

### Source Metering (No. 86-12, amended by Resolution No. 2001-8)

- Meter type/method.
- Meter reading and recording procedure.
- Meter calibration, maintenance and replacement schedule.

### Service Metering (No. 87-7 Revised, amended by Resolution No. 2001-8)

- Confirm all connections metered. If not, include schedule for 100% service metering.
- Meter types.
- Meter reading and recording procedure.
- Meter calibration, maintenance and replacement schedule.
- Water rate schedule (is billing based on metered usage?)
- \*Purveyor program to provide residential customers with information on
  - o savings available through water conservation;
  - o different methods of residential water conservation; and
  - o availability of water conservation devices.

### Leak Detection & Repair (LD&R) (No. 87-6 Revised)

 <u>Completed</u> Plan or Executive Summary (Pennsylvania Applicants may substitute an LD&R Compliance Report)

#### Water Conservation Performance Standards (No. 88-2 Rev. No. 2)

- Status of municipal regulations in applicant's service area (Pennsylvania only).
- Adopted policy to certify or verify that "no new service connections shall be made to newly
  constructed premises with plumbing fixtures and fittings that do not comply with water
  conservation performance standards contained in Resolution No. 88-2 (Revision No. 2)."

| Rationing 1 | <u> Plan</u> – | Describe | the w | ater r | ationing | plan, | including | triggers | and im | plementa | ıtion |
|-------------|----------------|----------|-------|--------|----------|-------|-----------|----------|--------|----------|-------|
| schedules.  |                | =        |       |        |          |       |           |          |        |          |       |

# b. All purveyors withdrawing 1 million gallons per day or more shall also include the following: N/A

### Water Conservation (No. 81-9)

- Provision of information on the availability of water-conserving devices and procedures.
- A contingency plan including use priorities and emergency conservation measures to be instituted in the event of a drought or other water shortage condition.

<u>Retail Water Pricing (No. 92-2)</u> (This requirement is waived if the purveyor either documents it has adopted a water conserving pricing structure or is in the process of implementing such a pricing structure in accordance with a Commission schedule or a schedule established by the appropriate state public utilities commission.)

<sup>\*</sup>Recommended.

- An evaluation of the feasibility of implementing a water conservation pricing structure and billing program. The evaluation shall, at a minimum, consider:
  - The potential change in the quantity of water demanded for customer classes and their end uses of water during both peak and non-peak periods stemming from alternative water conservation pricing structures;
  - o The potential revenue effects of the alternative pricing structures;
  - o Any legal or institutional changes necessary or desirable to implement a water conservation pricing structure; and
  - o How conservation pricing could be coordinated with other conservation programs and measures to reduce both average and peak water use.
- 23. <u>Drought Emergency Plan:</u> (All projects with a total system water withdrawal in excess of 1.0 mgd or any withdrawal project in the Southeastern Pennsylvania Ground Water Protected Area.) A drought emergency plan shall be prepared by each person, firm, corporation or other entity withdrawing ground water for purposes of municipal or public, industrial, or commercial water supply. Such plans shall be filed with this application. N/A
- 24. If application regards industrial water use, provide a breakdown of water use as percentages for cooling/non-contact cooling, process, sanitary, etc.: 29% Hydrotest; 20% Dust Control; 51% HDD
- 25. Driller's Log Attach separate sheet describing the nature and depth interval of subsurface materials and water bearing zones encountered during drilling of each new well. N/A
- 26. For all new wells, submit a Final Hydrogeologic Report detailing extended pump test procedures, results and analyses. N/A

The Final Hydrogeologic Report must include a discussion of the field procedures, a listing of all the data gathered, an analysis of the data and an evaluation of the new diversion on the aquifer and all other ground water and surface water users. All relevant data including water level charts, tables, graphs, etc., for the pumped well, monitoring wells, and nearby perennial stream and/or wetlands/sensitive environment sites shall be submitted. The pumping test shall be of not less than 48 hours pumping duration and at an uninterrupted, constant withdrawal rate of not less than the proposed rate. Required information to be collected includes, but is not limited to the following:

- a. Date and time of all static, pumping, and recovery water level measurements.
- b. Record of pumping rate measured frequently throughout the test.
- c. Sufficient static water level measurements in all wells to determine any trends in water level changes prior to beginning of pumping.
- d. Pumping and recovery measurements in the pumped well and observation wells should be made.
- e. Wells, sufficient to determine all possible interference, shall be monitored.

- f. Records of precipitation, measurements or observations of nearby streamflows, and weather conditions throughout the test.
- g. Attach map identifying all nearby wells owned by others that could be affected by pumping of the new well(s) and complete the following questions for each well (copy pages as needed).

| Name of Owner:                               | Phone:   |
|--|----------|
| Address:                                     |          |
| Well No.:, Type of U                         |          |
| Date Drilled: feet, Diameter: inches         |          |
| Casing Diameter: inches, Casing Depth: feet. |          |
| Well Screen: feet, Bottom of Screen: f       | eet.     |
| Pump Type:                                   |          |
| Capacity: gpm, Intake Setting: feet.         |          |
| Describe location of well on property:       |          |
| Latitude: Longitude:                         |          |
|  |          |
|  |          |
| Name of O                                    | DI       |
| Name of Owner:                               |          |
| Name of Owner:Address:                       |          |
| Address:                                     |          |
|  |          |
| Address:                                     | se:      |
| Address:  Well No.:, Type of U               | se:      |
| Address:  Well No.:                          | se:      |
| Address:                                     | se:      |
| Well No.:                                    | se:      |
| Well No.:                                    | se: eet. |

| Name of Owner:   | Phone:      |
|--|-------------|
| Address:   |             |
| Well No.:, Ty  |             |
| Date Drilled:, Depth Drilled: feet, Diameter:                | _ inches.   |
| Casing Diameter: inches, Casing Depth: feet.                 |             |
| Well Screen: feet, Bottom of Screen: feet, Bottom of Screen: | feet.       |
| Pump Type:   |             |
| Capacity: gpm, Intake Setting: feet.                         |             |
| Describe location of well on property:                       |             |
| Latitude: Longitude:   |             |
|  |             |
| Name of Owner:   | Phone:      |
| Address:   |             |
|  |             |
| Well No.:, Ty  | ppe of Use: |
| Date Drilled:, Depth Drilled: feet, Diameter:                | _ inches.   |
| Casing Diameter: inches, Casing Depth: feet.                 |             |
| Well Screen: feet, Bottom of Screen: feet, Bottom of Screen: | feet.       |
| Pump Type:   |             |
| Capacity: gpm, Intake Setting: feet.                         |             |
| Describe location of well on property:                       |             |
| Latitude: Longitude:   |             |

| Name of Owner:                                | Phone:       |
|---|--------------|
| Address:                                      |              |
| Well No.:                                     |              |
| Date Drilled:, Depth Drilled: feet, Diameter: | inches.      |
| Casing Diameter: inches, Casing Depth: feet.  |              |
| Well Screen: feet, Bottom of Screen           | n: feet.     |
| Pump Type:                                    |              |
| Capacity:gpm, Intake Setting:feet.            |              |
| Describe location of well on property:        |              |
| Latitude: Longitude:                          |              |
|   |              |
| Name of Owner:                                | Phone:       |
| Address:                                      |              |
|   |              |
| Well No.:,                                    | Type of Use: |
| Date Drilled:, Depth Drilled: feet, Diameter: | inches.      |
| Casing Diameter: inches, Casing Depth: feet.  |              |
| Well Screen: feet, Bottom of Screen           | n: feet.     |
| Pump Type:                                    |              |
| Capacity:gpm, Intake Setting:feet.            |              |
| Describe location of well on property:        |              |
| Latitude: Longitude:                          |              |